



African Palliative Care Association

ANNUAL REPORT



2024–2025

SECTION A

APCA Strategic
Objectives Impact
Areas

SECTION B

APCA Contribution to
SDGs and WHO Building
Blocks

SECTION C

APCA Leadership and
Governance

**“NOT ALL OF US
CAN DO GREAT
THINGS. BUT WE
CAN DO SMALL
THINGS WITH
GREAT LOVE.”**

- Mother Theresa

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ABBREVIATIONS

APCA	African Palliative Care Association
APCRN	African Palliative Care Research Network
CPC	Children's Palliative Care
CYP	Children and Young People
EOL	End-of-Life
GPIC	Global Partners in Care
IAHPC	International Association for Hospice and Palliative Care
ICPCN	International Children's Palliative Care Network
LMICs	Low or Middle Income Countries
NCC	National Cancer Control
PallCHASE	Palliative Care in Humanitarian Aid Situations
SHS	Serious Health-related Suffering
WHPCA	Worldwide Hospice Palliative Care Alliance
WHA	World Health Assembly
WHO	World Health Organisation
WHO-AFRO	World Health Organisation Africa Regional Office
WHO-EMRO	World Health Organisation Regional Office for the Eastern Mediterranean Region



READ MORE ABOUT US AT
WWW.AFRICANPALLIATIVECARE.ORG

ABOUT APCA



OUR MISSION

The African Palliative Care Association's mission is to ensure that palliative and comprehensive chronic care are widely understood and integrated into health systems at all levels, to reduce pain and suffering across Africa.



OUR VISION



OUR VISION

Access to palliative and comprehensive chronic care for all in Africa.



OUR VALUES

Collaboration

We work collaboratively, by asking for, and giving support, coupled with sharing success with others.

Integrity

We are honest, trustworthy and straight-forward in all our dealings; and use time, money and resources wisely.

Diversity and inclusiveness

We value others for their contributions, irrespective of their personal differences; and provide equal access to opportunities and discourage any form of unfair discrimination.

Respect

We involve and listen to, others; as well as show consideration and empathy to facilitate their emotional and physical well-being.

Excellence and quality

We always strive to provide services that meet or exceed the needs, standards and timescales of our internal and external stakeholders; and always strive for excellence and quality in all areas.

Reliability

We deliver what we commit to, and keep our stakeholders informed of all progress.

Social justice

We strive to create an organisation that is based on the principles of equality and solidarity, that understands and values human rights, and that recognises the dignity of every human being.

Cultural sensitivity

We advocate for palliative care to be delivered in a culturally sensitive manner by respecting the values and beliefs of others even when they differ from our own.

Teamwork

We strive to support one another, working cooperatively, respecting one another's views, and making our work environment positive and enjoyable as we work towards achieving our goal.

MESSAGE FROM THE BOARD CHAIR AND EXECUTIVE DIRECTOR

The past year presented many opportunities for the African Palliative Care Association to scale up the implementation of our current 10-year strategic plan across all regions of the continent through strategic partnerships and implementation sites in several countries.

Our continued partnerships with academic institutions both in Africa and abroad have worked well to enhance the quality of our programmes and assure greater impact, particularly those that support our palliative care education scholarship programme for health professionals and allied workers and those collaborating with us in research work through the African Palliative Care Research Network.



Dr. Emmanuel Luyirika
Executive Director, APCA

I wish to thank the dedicated APCA staff, donors and all partners in Africa, Europe, the Middle East, Asia Pacific, Latin America and North America who have engaged with APCA in programmes, webinars and research projects.

It has been a great opportunity to serve at APCA over the last 13 years. We have operated in an environment of dwindling resources because of COVID-19 and later the changes in global aid setups, but we have attained more together than ever envisaged.

This will be the final report that I will sign as I head off for retirement in October 2025.

Sustainability and capacity building remain priorities in all our integration efforts, and this year we ran a variety of training programmes that included resource mobilisation strategies in the face of changing funding criteria for palliative care and hospice organisations, as well as more than 20 True Colours Trust Small Grant recipients who demonstrated the impact of well-designed interventions on the quality of life for patients with palliative care needs across Africa.

We are proud to have finally implemented our long-held wish to integrate prevention into our work. This report will detail the work we are doing to promote HPV vaccination in East Africa.



Thobekile Finger
Board Chair, APCA

The APCA board continued to guide the organisation through ensuring accountability to stakeholders, strategic decision-making, and financial oversight. The contribution of the APCA board has been more and more visible this past year through lending their expertise in several strategic interventions such as training and webinars.

All board and committee meetings were held timeously, and other obligatory activities were met satisfactorily.

As I come to the end of my term, I am pleased to say the future looks bright for APCA, and for palliative care as a discipline in Africa.

THE NEED FOR PALLIATIVE CARE IN AFRICA

Palliative care is recognised as an essential component of universal health coverage (UHC), as it offers relief from serious health-related suffering (SHS) for people with life-limiting and life-threatening conditions, and helps improve quality of life for patients and their families.

Serious illness is associated with physical, psychological, and social suffering, and research shows the global burden of SHS has increased significantly, with 80% of it concentrated in low- and middle-income countries.

Each year an estimated 56.8 million people need palliative care, and most of them live in low- and middle-income countries. The African Region has the highest number of adults in need of palliative care per 100,000 adult population globally. For children, 98% of those needing palliative care live in low- and middle-income countries with almost half of them living in Africa. However, less than 1% of the people who need palliative care are able to access it, which is totally unacceptable, especially given the backdrop of the rapidly increasing burden of non-communicable diseases and ageing populations due to improving life expectancies.



The average opioid consumption in Africa stands at a Standard Defined Daily Dose (DDD) of just 77 per million inhabitants per year – far below the global average of 238 DDD. Thus, more than 2.5 million people in Sub-Saharan Africa die in pain each year.

While we recognise the strides taken and progress made in developing Palliative Care (PC) in Africa, research shows that services remain underdeveloped, under-resourced, and poorly integrated into health systems. Structural inequities, limited training, and restricted access to essential medicines further constrain progress.

Palliative care is well established in only **5** of the 54 countries in the Africa region, with the rest having isolated or no provision of care. It is also estimated that there are over 100 million grieving people annually, with Africa having the biggest proportion. This grief is associated with psychological distress and mental health concerns.

PALLIATIVE CARE IS WELL ESTABLISHED IN ONLY 5 OF THE 54 COUNTRIES IN THE AFRICA REGION, WITH THE REST HAVING ISOLATED OR NO PROVISION OF CARE

INTRODUCTION

The 2024-2025 period saw the African Palliative Care Association (APCA) continuing to advance its mission of ensuring that palliative care becomes an integral part of health systems across Africa, accessible to people wherever they live and regardless of their diagnosis or age.

Guided by the 2020–2030 Strategic Plan, APCA's work focused on four core impact areas: **strengthening health systems, building the evidence base, ensuring sustainability, and advocating for access to essential medicines, technologies, and services.**

These strategic areas reflect our commitment to holistic palliative care, addressing policy, service delivery, human resource capacity, community engagement, and innovation simultaneously. During the year under review, APCA's interventions spanned

more than 20 African countries, influencing national policy frameworks, integrating palliative care into primary health care and disease-specific programmes, training hundreds of health workers and community volunteers, and promoting equitable access to essential medicines, technologies, and vaccines.

Through strategic partnerships with governments, civil society, regional health bodies, and global agencies, APCA has been a catalyst for change at both policy and service-delivery levels.

This programme year also marked significant progress in digital health innovations, research to inform practice, and sustainable financing advocacy, positioning palliative care as a core pillar of universal health coverage (UHC) in Africa, thereby underscoring APCA's role as a regional leader and convener in palliative and comprehensive chronic care.



South Africa's former Deputy Minister of Health, Dr Sibongiseni Dhlomo (middle), with the APCA Board Members & Executive Director

THROUGH STRATEGIC PARTNERSHIPS WITH GOVERNMENTS, CIVIL SOCIETY, REGIONAL HEALTH BODIES, AND GLOBAL AGENCIES, APCA HAS BEEN A CATALYST FOR CHANGE AT BOTH POLICY AND SERVICE-DELIVERY LEVELS.

SECTION A

APCA STRATEGIC OBJECTIVES IMPACT AREAS

THIS SECTION HIGHLIGHTS THE PROGRESS,
OUTPUTS, AND IMPACT ACHIEVED IN EACH
STRATEGIC OBJECTIVE

1 INCREASING KNOWLEDGE AND AWARENESS OF PALLIATIVE CARE AMONG ALL STAKEHOLDERS

Across much of Africa, palliative care is still misunderstood or completely unknown, with many people still associating it only with terminal illness and end-of-life care. Thus, raising awareness of palliative care remains one of APCA's most critical and transformative interventions. This knowledge gap has profound consequences: patients and families endure unnecessary suffering due to late referrals, untreated pain, and limited psychosocial support; communities remain unaware of the services available to them; and policymakers continue to overlook palliative care in national health priorities.

In 2024–2025, APCA prioritised multi-level awareness efforts to address this challenge. We deliberately targeted a diverse range of audiences from grassroots communities to high-level policymakers ensuring that our messages were culturally sensitive, evidence-based, and solution-oriented.



RAISING AWARENESS OF PALLIATIVE CARE IS ONE OF THE MOST POWERFUL WAYS TO REDUCE SUFFERING AND RESTORE DIGNITY ACROSS AFRICA.



1.1 Communication materials for Children's Palliative Care

APCA launched a 25-member young people's patient public engagement and involvement advisory group to support its development of child-centred key information, education and communication materials for research in Children's Palliative Care. These materials have enhanced our communication with children and young people and their caregivers. All council members are children living with life limiting/life threatening illnesses and were receiving palliative care at the time of appointment for this role.

137
NUMBER OF CHILDREN RECEIVING PALLIATIVE CARE

These received paediatric palliative care

1.2. The palliative care photography initiative

In our drive to ensure that PC is well understood, and to help generate evidence of both impact and need, we launched the photography competition with support from the True Colours Trust (TCT), a visual storytelling initiative to showcase what palliative care in Africa really looks like in our cultural context.

A team from APCA and TCT designed a tailored photography course for aspiring participants, and developed the framework and criteria for the photography competition, to ensure that images would accurately capture what excellent palliative care really is.

The inaugural competition attracted over 60 entries from 10 countries representing all regions of Africa. A wide range of photographs were submitted, with finalist and winning entries depicting the many facets of palliative care, including moments of joy, connection and the support that palliative care provides.

A virtual award ceremony saw the winners being crowned, and all participants being duly acknowledged and encouraged to participate in the next competition to continue to give visibility to the impact that palliative care has on the lives of patients and their families.



[VIEW ALL ENTRIES ONLINE HERE](#)

The True Colours Trust has generously made the photos available freely for hospice and palliative care organisations for purposes of advocacy or fundraising.

The next round of the competition was scheduled to run in 2025.



First Place: Alex and Bernadette, Institute of Hospice and Palliative Care in Africa – Hospice Africa Uganda

The picture shows an elderly patient with cancer during a visit by the palliative care team. It was one of the patient's greatest joys as he asked to be lifted out of bed to sit on a chair for the first time in 8 months.



Second Position: Mbongue Grace Elise: Volunteers for Palliative Care (VOPACA) Cameroon

This image captures a patient's smile and joy. Our goal is to improve the quality of life of our patients; we make people smile even in the context of chronic illness.



[THE VIRTUAL AWARD CEREMONY IS AVAILABLE ON THE APCA YOUTUBE CHANNEL.](#)

1.3 Advocacy

Advocacy continues to be one of the main areas of focus to achieve our strategic objectives. We engage in advocacy through collaboration with regional and global partners. APCA continues to be a voice for palliative care in Africa and globally. Below are some of the collaborative advocacy activities we have been involved in to help ensure that palliative care is not left out.

World Day Commemorations

APCA joined the global advocacy efforts to mark relevant health-related days including World Health Day in April, World Hospice and Palliative care Day and HatsOn4CPC in October, World AIDS Day, World Human Rights Day and World Universal Health Coverage Day in December, and the World Cancer Day and International Childhood Cancer Day in February. For some we disseminated material through our online platforms, hosted webinars for some, and attended physical activities with partners for some to raise awareness about palliative care.

Many APCA members in Africa took part in the commemorations to educate and raise awareness about PC, as well as to advocate for issues such as government funding allocation for PC.

IAHPC

APCA was a member of the IAHPC panel of experts committee that led the review and update of the current Lancet Essential Package (LEP) – 2024 that resulted in the development of new **Expanded Packages** for both adults and children, including additional medicines, equipment, and human resources.

SPARK

We participated in the development of a Participatory Method to Explore Decision-Making with Children and Young People Facing Advanced Cancer in Low- And Middle-Income Countries. Decisions that shape their care – SIOP, APCA St Jude, Uganda Cancer Institute.

Cancer Crisis

African scientists call for research equity as a cancer crisis looms:

We engaged in advocacy to address equity in access to research money for African scientists and this is ongoing.



[MORE DETAILS ARE AVAILABLE HERE](#)

ProTECT

We participated in the development of Quality Indicators in End-of-Life Care for Children with Cancer In Low- and Middle-Income Countries, an initiative led by St Jude Children's Hospital USA, whose aim is to develop relevant indicators for End of Life (EOL) care for children with cancer in low- and middle-income countries.

ADAPT

APCA is one of the partners in the ADAPT study (Assessing Physicians' Attitudes to Palliative Care for Paediatric Oncology Patients), which is a survey that aims to identify common beliefs about palliative care amongst all healthcare professionals (not just physicians). Being able to understand healthcare professionals' attitudes about paediatric palliative care is critical to the development of programmes that improve access to high-quality care for children around the world. We are working in collaboration with St Jude, Uganda Cancer Institute and several other partners.

Advocacy Tools and Resources

APCA has developed many advocacy tools and resources that can be accessed on our website www.africanpalliativecare.org the Essential Package of Palliative Care in UHC, together with the Palliative Care in UHC Costing Model that was developed in partnership with KEHPCA to support partners in mobilising resources and to inform their advocacy initiatives. The costing model can be adapted to various African settings.

1.4 Communications & ICT

The Communications and ICT team provided support to Programmes, HR, Finance and Admin, including connectivity for remote work, hosting 12 webinars on multi-dimensional topics such as paediatric pain management, HPV prevention, integration of palliative care into disease-specific programmes, sustainable health financing, and policy reforms for opioid access. The team also maintained APCA visibility through updating and routine maintenance of the website, with average hits of 52,000 per month. We also kept our stakeholders engaged through social media platforms which continued to grow and helped us reach a bigger audience to increase awareness about palliative and comprehensive chronic care. We continued our role as the editor of the e-Hospice Africa edition, disseminating palliative care stories, research and developments from all our stakeholders.

OUR FOLLOWERS:

 17,300
 4,740
 974
 140
 460



We disseminate information, news and useful resources for service development, research, training and mentorship. We have developed of a digital repository, enabling ongoing access to webinar recordings and resources. Whenever possible, we make materials are available in French and Portuguese.

1.5 The Triennial 8th International African Palliative Care Conference



8th INTERNATIONAL AFRICAN PALLIATIVE CARE & ALLIED SERVICES CONFERENCE 2025

23-26 SEPT | GABORONE, BOTSWANA

The African Palliative Care Association and the Ministry of Health of the Republic of Botswana shall be hosting the 8th International African Palliative Care and Allied Services Conference and the 5th African Ministers of Health session on palliative and comprehensive chronic care at the **Gaborone International Convention Centre, the Grand Palm Hotel and Casino** from **23 to 26 September 2025**.

This Conference is unique as it will be the climax event for APCAs 20th Anniversary celebrations. This is a major milestone, in which there has been a phenomenal growth of both the organisation and the integration of palliative care as a discipline on the continent of Africa. The conference theme is: “20 Years of Palliative and Comprehensive Chronic Care for Sustainable Development in Africa” reflecting why it is key for palliative care to be integrated in health systems if the health goals of the Sustainable Development Goals are to be achieved.



APCA senior management meeting with Ministry of Health and WHO Botswana to plan for the conference

2 STRENGTHENING HEALTHCARE SYSTEMS BY INTEGRATING PALLIATIVE CARE AT ALL LEVELS

2.1. Integration of palliative care in health systems

Integration of palliative care into national health systems is one of the most effective ways to ensure increased access at all levels of care and equitable patient-centred services in Africa. It therefore remains one of APCA's focus areas, supporting those from community-based organisations to primary, secondary, and tertiary health facilities with the aim of institutionalising palliative care within health policies, service delivery packages, and national budgets.

The goal is to see palliative care treated as an essential component of universal health coverage (UHC), embedded within all levels of care for all who need it.



2.2. Demonstration pilot project on integrating grief and bereavement services into palliative care

APCA piloted an intervention co-designed with community members with grief and bereavement lived experience. The grief and bereavement intervention was informed by the 9-cell tool which encompasses what was felt, what is known and what is allowed/acceptable.

We supported a Ugandan partner, Kitovu Mobile, to train **181 community lay grief counsellors**. These were community members with lived experience of loss, who then delivered the grief and bereavement psychotherapy intervention. The training was also beneficial for their own psychological and mental health well-being, besides the support to others. The community lay grief counsellors delivered care and support to **180 households** with bereaved caregivers. Most caregivers were female, 66.7%, elderly, 43.3% and widowed, 42.5%. We noted positive outcomes on social and psychological well-being of the bereaved caregivers, from baseline and end line scores on important indicators such as quality of sleep, suicidal thoughts, and interest in family and friends. This was implemented with support from the Irish Hospice Foundation.



RESULTS TABLE

SHONA SYMPTOM ASSESSMENT QUESTIONNAIRE

Bereaved caregivers who had lost interest in their families, friends and outside activities (social isolation)

Baseline: 61.4%
After 4 months support: 38.6%

Group	Percentage
Baseline	61.4%
After 4 months support	38.6%

Caregivers who felt they had the same illness like the person who died.

Bereaved caregivers reporting loss of sleep.

Baseline: 52.4%
After 4 months support: 19.7%

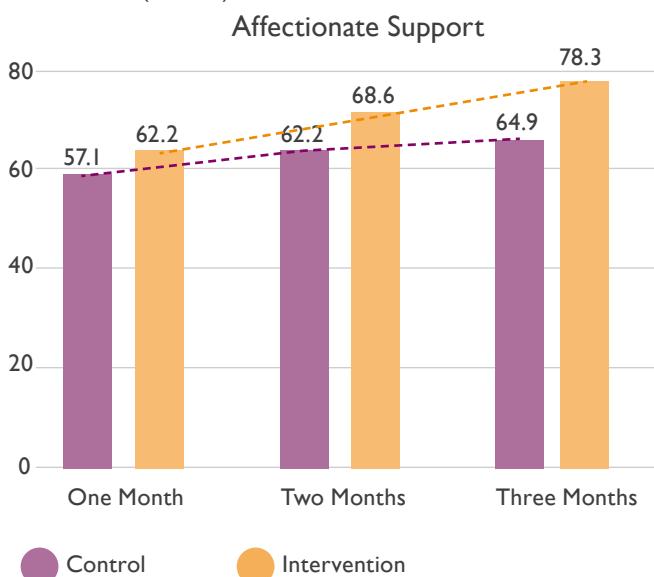
Group	Percentage
Baseline	52.4%
After 4 months support	19.7%

I felt like committing suicide.

Baseline After 4 months support

40.8% **19.7%**

Figure 1 – Changes in access to affectionate support over time (n=180)



Our data from the community cluster randomised trial showed increase in access to affectionate support in both the control and intervention arms, with the effect being greater in the intervention arm – see Figure 2. The control arm delivered the “Ubuntu” approach (you are because we are) to grief and bereavement support while the intervention arm received the community co-designed grief and bereavement intervention. We noticed a change of 7.8 in the control arm and 16.1 in the intervention arm. This attests to the fact that the evidence-based training, which is informed by community co-design input, makes a difference – see Figures 1 and 2.

Figure 1

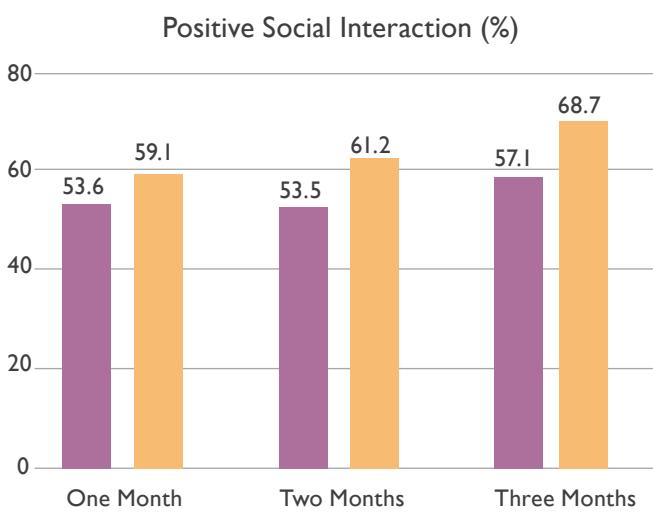
We noticed a change in affectionate support of **7.8** in the control arm and **16.1** in the intervention arm

Figure 2

We noticed a change in positive social interaction of **3.5** in the control arm and **9.6** in the intervention arm.

Based on these findings APCA has developed guidelines to inform the integration of grief and bereavement services into routine palliative care services.

Figure 2 - Changes in positive social interaction



2.3. Integrating person-centred end-of-life care into palliative care services

APCA implemented a demonstration pilot project on person-centred end-of-life care, an approach to care that involves family-centred care and supports focusing on the following aspects:

CALM Sessions

Symptom Management and Communication



Enhancing patient-provider communication to improve symptom relief and care coordination.

Self-Concept and Relationships



Strengthening patients' sense of identity and fostering meaningful connections with loved ones.

Spirituality and Sense of Meaning – Supporting emotional and spiritual well-being through reflection and meaning-making.



Supporting emotional and spiritual well-being through reflection and meaning-making.

Thoughts, Fears, and Hopes about Mortality



Helping patients and families process end-of-life concerns with dignity and resilience.

APCA and partners reached **77** patients with advanced disease with person centred End of Life Care. These patients completed the following **outcome measures** at various visits to allow us to capture some outcomes data:

- Integrated Palliative Care Outcome Scale (IPOS),
- Death and Dying Distress Scale (DAADs), and
- Patient Health Questionnaire (PHQ).

Between baseline and the second visit, **78%** of the patients reported a remarkable improvement in their death and dying distress and palliative care symptoms and concerns.

Dissemination:

On 18–19 February 2025, APCA presented these findings at the psychosocial, palliative and End-of-Life Care in Africa symposium to disseminate their work and share experiences with other partners in the region. This two-day event brought together over 100 leading researchers, clinicians, and advocates from across Africa and the globe to explore critical themes in psychosocial and palliative care in Africa.

Sessions focused on:

- Managing Cancer and Living Meaningfully: Extending the Boundaries to Africa
- Quality of Dying and Death Revised Global Version, Research and International Implementation
- Development and Implementation of the Malawi Symptom Toolkit for Symptom Management
- Dementia and Advanced Disease in Africa
- Grief and Bereavement Care in Africa
- End-of-Life and Advanced Care Planning

The planning committee and key stakeholders have submitted key insights from the event for publication, and have identified actionable next steps to advance equitable palliative and end-of-life care across Africa.



[DOWNLOAD THE PROCEEDINGS REPORT](#)



MISSED THE EVENT?

[CLICK HERE TO VIEW THE RECORDED SESSIONS ON THE APCA YOUTUBE CHANNEL.](#)

2.4. Integration of cervical cancer prevention in Palliative Care

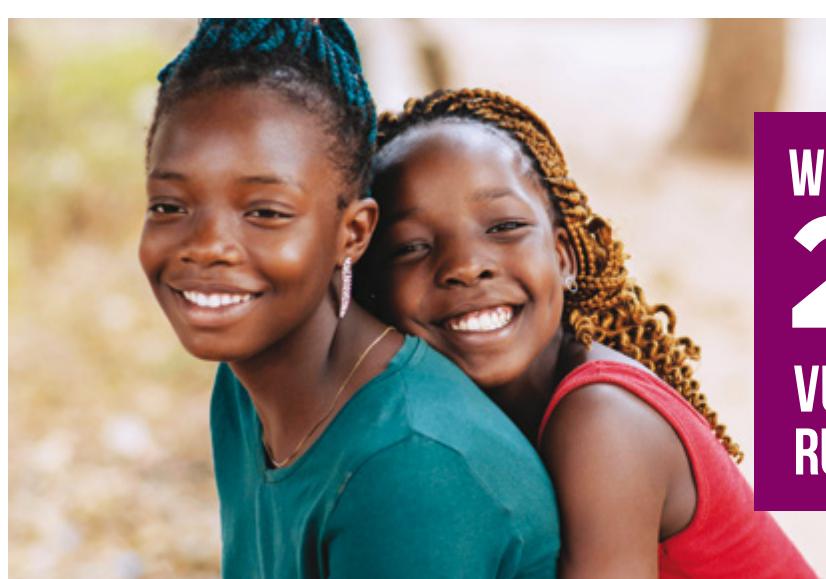
Prevention by vaccination:

Cervical cancer remains one of the leading causes of cancer-related deaths among women in Africa, despite being highly preventable and treatable when detected early. Recognising the link between prevention, early detection, and palliative care, APCA has made the integration of cervical cancer prevention into palliative and comprehensive chronic care programmes a strategic priority in Africa.

We implemented a pilot project, whose aim was to increase access to HPV vaccination services for girls in informal caregiving roles in rural communities and other vulnerable adolescents. Given that palliative care providers go into communities and households, they have the unique opportunity to identify vulnerable children, especially young girls living in hard-to-reach areas or those in informal caregiving roles or petty trade, who are likely to miss out on HPV vaccination in public health programmes. By bridging the gap in accessing the HPV vaccines, palliative care contributes towards the prevention of cervical cancer through such last-mile access to HPV vaccination initiatives to contribute towards cervical cancer elimination. Through this initiative, we **reached 2,076 vulnerable girls in rural Uganda**, which was slightly above our planned target of 2,000. We trained 10 palliative care providers in integrating cervical cancer prevention services within palliative care. Our palliative care teams reached 890 girls and women with cervical cancer awareness, screened 414 women for cervical cancer and conducted breast examinations.



Palliative care nurses give young girls in Masaka the HPV vaccine shot (caption credit African Palliative Care Association and Kitovu Mobile)



WE REACHED
2,076
 VULNERABLE GIRLS IN
 RURAL UGANDA

Prevention by Screening - The Game Change Initiative

A multi-partner initiative between APCA and the Rand Corporation, School of Public Health Makerere University, Uganda Cancer Institute, Ministry of Health Uganda, Rays of Hope Hospice Jinja, Kawempe Referral Hospital, St Francis Nsambya Hospital, Kayunga Hospital and St Charles Lwanga Hospital is leading the Game Change Initiative for cervical cancer prevention.

The novel intervention hinges on peer advocacy from women with lived experience of cervical cancer screening and treatment. Once trained, these women effectively engage in advocacy within their social networks to encourage other women to come for screening.

Peer advocacy can increase CC screening



Woman who have been screened (and treated) for CC are often **motivated** to engage in CC prevention advocacy



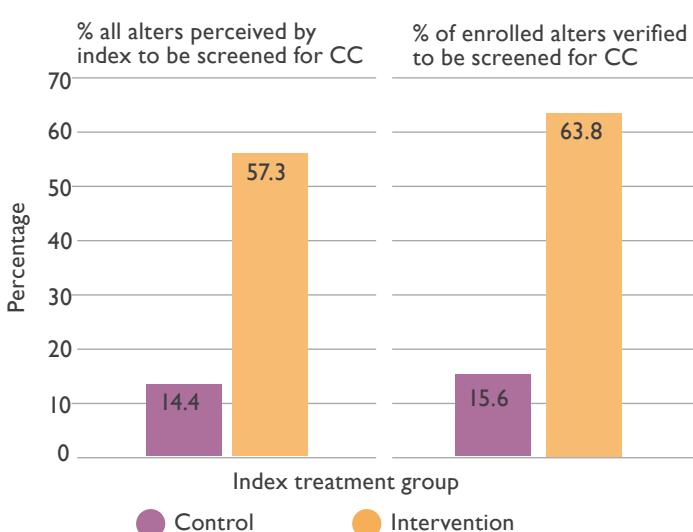
Respected, trusted peers can **influence behaviour**, reduce stigma and change social norms regarding CC screening



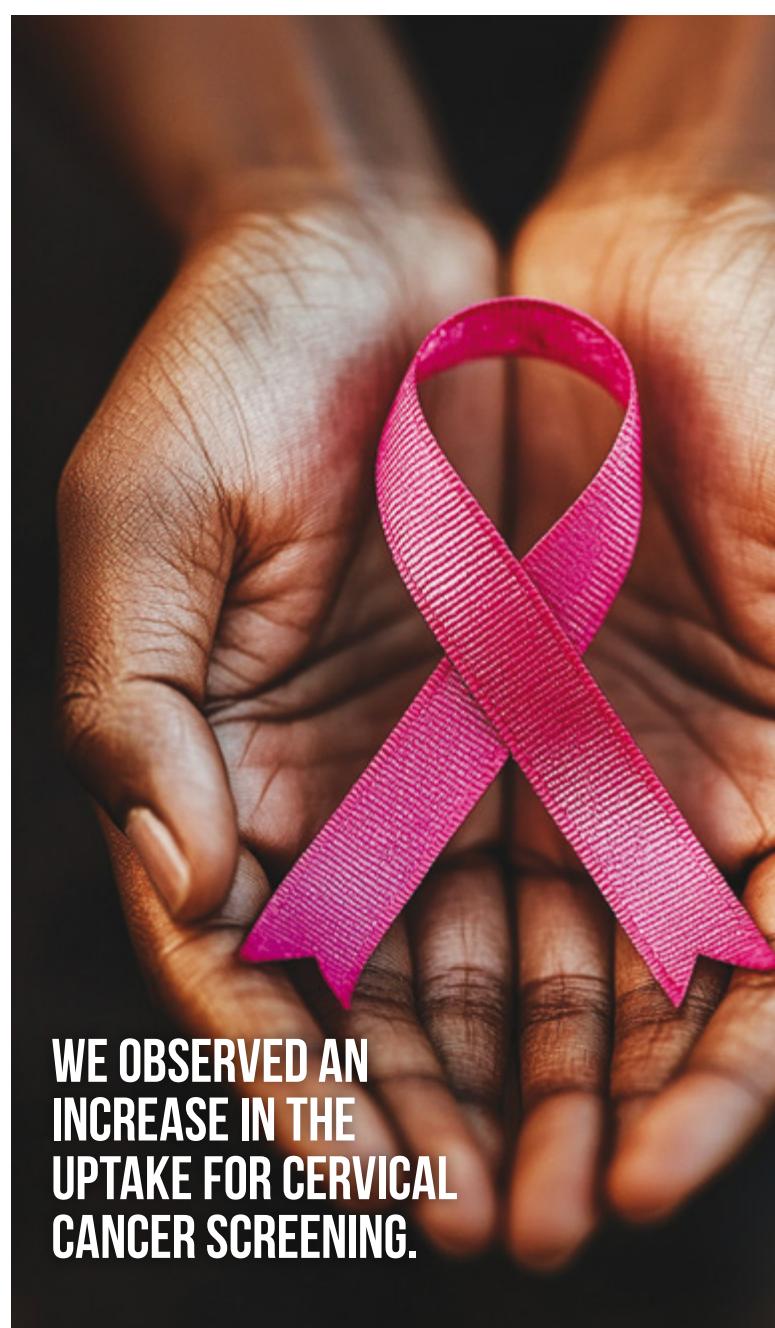
GC-CCP empowers women who have been screened to engage in **effective advocacy** for CC screening with women in their social network

Intervention effects:

Increased CC screening among previously unscreened social network members at month 6



Partnering palliative care provision with cervical cancer screening and treatment has helped increase the **uptake for early referrals for palliative care** and increased awareness about the need for palliative care in cervical cancer care right from the point of diagnosis. We have also been able to challenge the negative messages about cancer to re-affirm that no matter the outcome of the screening, something can be done. Cancer is not necessarily a death sentence, if detected early, cure is possible. If detected late, palliative care can be provided for pain and symptoms relief and to affirm dignity and quality of life.



Strengthening partnerships and collaborations

APCA greatly appreciated the March 2025 visit from NIHR. NIHR was represented by Sarah Puddicombe Assistant Director at NIHR Coordinating Centre. The visit was an opportunity for the team to learn more about the impact of the NIHR-funded work on integration of child- and family-centred outcome measurement into routine palliative care to drive person-centredness and quality in Uganda. This novel measure was first developed in Africa and has been further adapted for use in Europe, Asia and the Middle East.

The team visited Mulago National Specialised Referral and Teaching hospital, which is one of the study demonstration sites for integration of the APC Children's Palliative Care Outcome Scale into routine care. The APC C-POS has been used on over 1,000 children and young people living with serious illnesses at this hospital.



APCA's Head of Programmes and Research delivers a presentation on the history of the APC C-POS to the NIHR team and a representative from Ministry of Health Uganda, Dr Miriam Ajambo.

NIHR | National Institute for Health and Care Research

THE APC C-POS HAS BEEN USED ON OVER 1,000 CHILDREN



A play therapist explains how the APC C-POS has been used to highlight the importance of play therapy in palliative care

3 TO BUILD THE EVIDENCE BASE FOR PALLIATIVE AND COMPREHENSIVE CHRONIC CARE IN AFRICA

3.1 Using the novel African Children's Palliative Care Outcome Scale to drive quality improvement in children's palliative care

Evidence shows that the use of person-centred outcome measures in routine care improves communication between patients and health professionals and improves the symptom assessment and management. Firstly, we celebrate the development of the novel African Children's Palliative Care Outcome Scale (APCA C-POS), which is now available in seven versions and is undergoing further psychometric evaluation. In this reporting period, APCA partnered with King's College London, Mulago National Specialised Hospital, Mildmay Uganda Hospital and Kawempe Home Care to integrate this APCA C-POS in routine care at three demonstration sites in Uganda. To date, it has been used on over 2,000 children from the three health facilities, a scale that was unprecedented.

During implementation, we trained over 60 members of the multidisciplinary team in children's palliative care. We also developed resources to scale up the integration of the African Children's Palliative Care Outcome Scale (C-POS) into routine care.

We developed a **Decision Support Tool** to help health workers use the C-POS effectively.

Health workers reported positive experiences with using this person-centred outcome measure, noting improved communication with children, better approach to assessing multi-dimensional symptoms and concerns and being able work jointly with children's families to deliver care that aligns with their needs.



Group discussion on how to use the APCA C-POS with young people living with serious illnesses

"The C-POS has displayed proper person-centred care. Children are feeling important because the problems we previously missed are now discussed directly with them. One time I did my clinical assessment of a nine-year-old using the C-POS. This child was scheduled for surgery for Whims tumour. Counselling had been done only with the parents and not included the child. Her friends had told her that surgery is so painful, she thought they were going to cut/operate her without anaesthesia and so she was in a state of panic. When I gave her more information about the procedure, and what she should expect, she had a smile and appreciated me. I was so motivated."

Nurse 08 – Mulago hospital

90% of the users found the platform easy to use for reporting symptoms and concerns in their preferred place of care

Strengthened communication with clinicians by **60%**.



REVIEW OF APCA ATLAS FOR PALLIATIVE CARE IN AFRICA



3.2 The APCA Atlas for Palliative Care in Africa

APCA partnered with the University of Navarra, Spain, to support the training of 103 regional consultants on how to use the WHO indicators for palliative care to map service developed. This was a key component that informed the updating of the 2017 APCA Atlas for Palliative Care in Africa to come up with the latest data. The APCA atlas for palliative care is a major resource for programme planning, development and advocacy as it shows the status of palliative care by country using indicators that are appropriate for Africa.

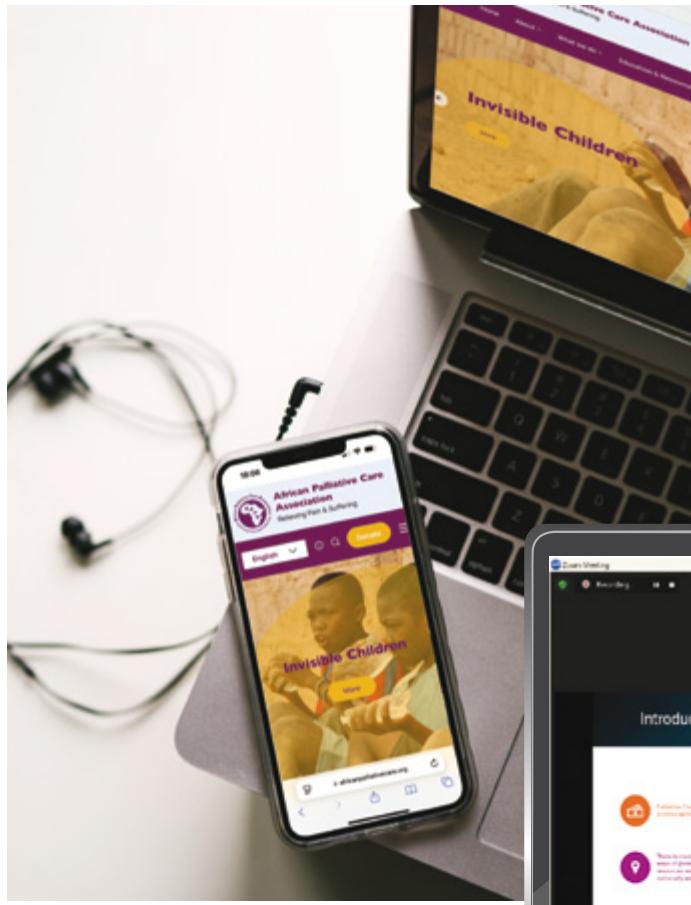
3.3. Scientific publications

Here are some of our recent publications during the year under review

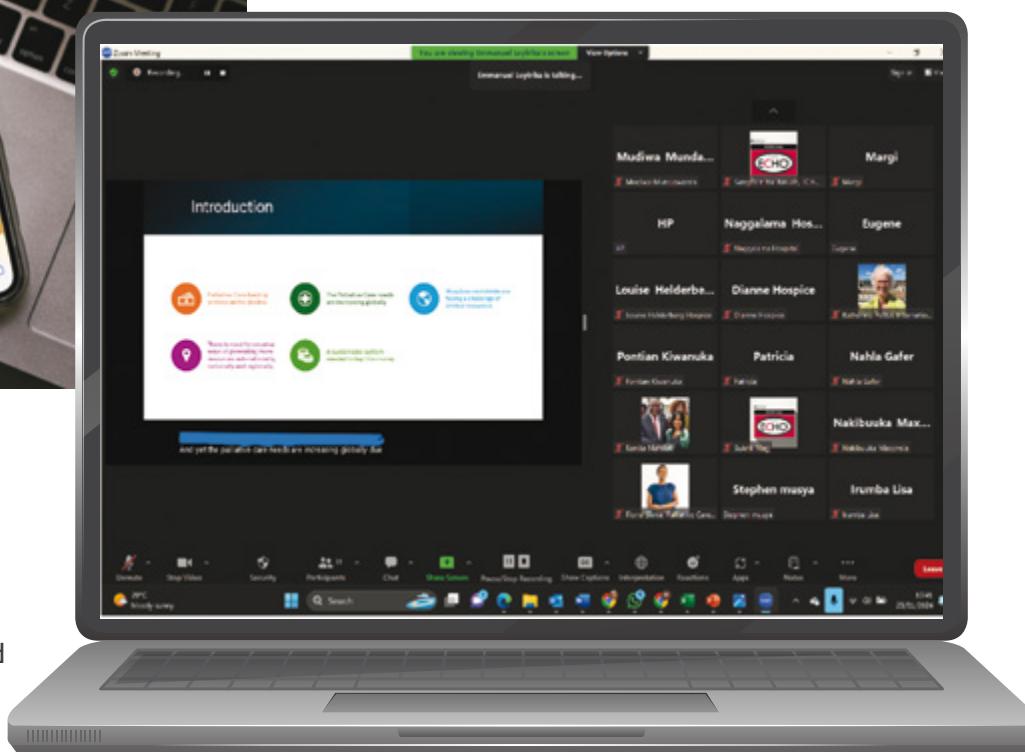
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4 TO ENSURE THE SUSTAINABILITY OF APCA, PALLIATIVE CARE AS A DISCIPLINE, AND THE APPROACH OF COMPREHENSIVE CHRONIC CARE IN AFRICA



Given the significant changes in the funding landscape for palliative care globally, APCA facilitated a virtual six-module training on resource mobilisation and organisational sustainability. The training attracted 25 representatives from National Palliative Care Associations (NPCAs) across 12 African countries. Using participatory workshops, case studies, and mentorship, the sessions gave attendees an opportunity to think about ways of diversifying resources for sustainability. A global fundraising expert facilitated the training.



Further to this series, APCA convened a workshop to give partners tips for diversification, largely facilitated by APCA board members. The webinar was attended by leaders of National Associations, health facilities and other service providers.

APCA thereafter published a paper outlining practical areas to herald an era of hybrid funding models to help ensure financial stability and organisational longevity.



[THE ARTICLE IS AVAILABLE HERE.](#)

APCA EMPOWERED LEADERS ACROSS 12 AFRICAN COUNTRIES TO DIVERSIFY RESOURCES AND BUILD SUSTAINABLE, RESILIENT PALLIATIVE CARE SERVICES.

SECTION B

APCA CONTRIBUTION TO SDGs AND WHO BUILDING BLOCKS

5 SERVICE DELIVERY

The True Colours Trust Small Grants Programme - our flagship for strengthening service delivery:

The Africa Small Grants Programme, funded by The True Colours Trust, provides grants to hospices and palliative care providers across Africa to support the development of palliative care. All work supported by this programme adheres to the WHO definition of palliative care. Thirty-one calls for applications have been made to date since the inception of the Small Grants' Programme in 2009, and a total of **1,976** applications have been received from **40** African countries, of which **295 small grants** have been awarded to **various organisations providing palliative care in Africa**. The table on the right shows the organisations that were awarded small grants for service delivery during this reporting period.

In Uganda, Kabale Christian Care (KCC) utilised part of the small grant to expand palliative care service delivery from a radius of 20km to a radius of 30km. KCC carried out a one day sensitisation meeting for 199 Village Health Team members and 38 religious leaders from various villages with the purpose of enabling them to appreciate the need for palliative care services and to generate demand. This has resulted in an increase in referrals to health facilities.

In The Gambia, Hands on Care (HoC) used their small grant to implement a project titled “Management for end stage HIV/AIDS patients (WHO stage 4)”. HoC was able to impact the lives of 70 adults and 5 children by enrolling them in their home-based care programme for PLHIV. All the enrolled patients could not afford visits to health facilities due to socioeconomic or physical challenges, and thus

COUNTRY	NO. OF PARTNERS SUPPORTED	DETAILS OF PC PROVIDERS SUPPORTED
Malawi	03	<ul style="list-style-type: none"> ▪ Outreach Scout Foundation ▪ Let's Be Transformed (MAGUFINA) ▪ HAWIP Community Based Organization
Uganda	02	<ul style="list-style-type: none"> ▪ Kawempe Home Care ▪ Rays of Hope Hospice, Jinja
Kenya	05	<ul style="list-style-type: none"> ▪ Nyambene Hospital ▪ Concerned Mind International ▪ Meru Hospice ▪ St Mary's Medical Centre ▪ Kodera Women Group
Zambia	01	<ul style="list-style-type: none"> ▪ Tiny Tim and Friends
Mozambique	01	<ul style="list-style-type: none"> ▪ Organização de Reabilitação Baseada na Comunidade em Moçambique (Orabecom)
Nigeria	01	<ul style="list-style-type: none"> ▪ The St Cyril Cancer Treatment Foundation
Sudan	01	<ul style="list-style-type: none"> ▪ Comboni College of Science & Technology ▪ Duduza Care Centre
South Africa	04	<ul style="list-style-type: none"> ▪ The Hillcrest AIDS Centre Trust ▪ Knysna Sedgefield Hospice ▪ Nelspruit Hospice ▪ Muheza Hospice
Tanzania	01	<ul style="list-style-type: none"> ▪ New Light Children's Organization

20 PALLIATIVE CARE PROVIDERS SUPPORTED



being enrolled on a home-based care programme was the best alternative as they were able to receive care, medication and psychosocial support. Patients were supplied with ARV medication, antibiotics, spirits and iodine to those with wounds. All patients were given analgesics such as tramadol, ibuprofen and diclofenac. They were also supplied with diapers, topical antibiotics for those with dermatological conditions. HoC home based care nurses took the opportunity to collect blood samples for CD4, Viral Load and FBC and urine samples. Families of patients were also shown how to perform proper wound care and prevention of bed sores by turning the patients on regular intervals.

In Ethiopia, Hospice Ethiopia utilised their small grant to implement a project titled “Palliative care service integration in Hiwot Fana specialized university hospital: regional hospital integration program”. The activities carried out during the grant period have had a profound and lasting impact on the palliative care landscape at Hiwot Fana Specialized University Hospital and the surrounding community. Through the training of 24 healthcare professionals, the project has significantly improved the capacity of the hospital to provide comprehensive palliative care services, a critical need in a region where many patients are diagnosed with life-threatening illnesses at advanced stages. The training focused on essential aspects of palliative care, including pain management, symptom control, emotional support, and effective communication strategies for sensitive end-of-life discussions.



A KCC staff visiting a patient at home in Kabale District, South Western Uganda



HoC Medical personnel providing care to a patient.



Medicine purchased with funding from the TCT Courtesy photo by HoC



Hospice Ethiopia team training staff at the University Hospital

The table below provides a summary of achievements from palliative care service providers who received funding from the APCA and TCT and have completed their projects successfully

1,873 NUMBER OF ADULT PATIENTS RECEIVING PALLIATIVE CARE THROUGH THE SMALL GRANTS SUPPORT This includes those under home based care	137 NUMBER OF CHILDREN RECEIVING PALLIATIVE CARE These received paediatric palliative care	282 NUMBER OF CHILDREN RECEIVING PSYCHOSOCIAL SUPPORT These have been provided at organisation/facility level for children.
7,106 NUMBER OF HOME VISITS CONDUCTED TO REACH PATIENTS WHO COULD NOT MAKE IT TO THE FACILITIES These visits have been conducted by all service providers undertaking home based care.	8,307 NUMBER OF ADULTS RECEIVING PSYCHOSOCIAL SUPPORT These have been targeted through support groups while others have been targeted in their homes and at PC facilities.	28,392 NUMBER OF PEOPLE REACHED VIA SENSITISATION AND AWARENESS SESSIONS This has been done through community awareness meetings, health talk shows on TV and on local radio stations.
2,031 NUMBER OF PATIENTS RECEIVING PALLIATIVE CARE MEDICINE These have received assorted medication as listed on the WHO Essential Medicines list.	343 NUMBER OF HEALTH WORKERS TRAINED Training sessions delivered through formal workshops facilitated by PC experts.	1,000 NUMBER OF PC INFORMATION EDUCATION AND COMMUNICATION MATERIALS DISTRIBUTED These include brochures, fact sheets, posters and T-shirts with palliative care messages.
Infrastructure developments to improve patient comfort and practical support to patient <ul style="list-style-type: none"> One solar system installed 3 Hospital beds and their peripheries purchased 10 normal wheelchairs purchased Two heavy duty wheelchairs purchased Other items purchased include: disinfectants, nutrition food supplements, assorted food items, etc. Assorted palliative care medicines as per WHO essential medicines list Fuel and maintenance costs of vehicles used for outreaches have been covered Items purchased have provided comfort and improved patient experience at the various facilities run by the palliative care service providers.		

6 HEALTH WORKFORCE

6.1 The African Palliative Care Education Scholarship Fund

The African Palliative Care Education Scholarship Fund is a partnership between APCA and Global Partners in Care (GPIC) established in 2011. It awards a number of scholarships for palliative care education opportunities annually to support training of nurses, clinical officers, music therapists and social workers to enhance their palliative care skills and knowledge.

For 2024-25, a total of six palliative care education scholarships were awarded to five nurses and one social worker from Zimbabwe, Uganda, Malawi and Kenya. The 2024 recipients are pursuing courses of study ranging from Diploma, Post Graduate Diploma, and Master of Science in Palliative Care at various institutions within Africa which include the Institute of Hospice and Palliative Care at Makerere University in Uganda, Oxford Brookes University in partnership with Nairobi Hospice and Mild-May Institute of Health Sciences.

Below are some of the beneficiaries' profiles and expectations.

Nurse Justine



Justine is a Nurse and Psychologist Counsellor, currently working as a Rehabilitation Centre Manager with Hope Health Action (HHA) in Bidi Bidi Refugee Camp, Yumbe District, West Nile in Uganda. Her role is to oversee all aspects of the Centre operations by providing leadership, smooth

communication and efficient management while maintaining high quality care as per HHA protocols. Her role includes team management, advocacy, fostering stakeholders collaboration, project planning and management, monitoring and reporting, administrative oversight, financial management, community engagement and networking, ensuring quality assurance and compliance. Justine values this scholarship and in her own words *"I am so grateful for APCA and GPIC for giving me a chance to pursue a paediatric palliative care course. This will enhance my skills and knowledge further in understanding children's palliative care needs holistically, which will help me improve paediatric palliative care services not only in my facility but also in the humanitarian response in the camp, creating awareness, contributing to health promotion and advocating for integration and children's rights to promote equity among others since I work in resource-limited project. I hope I will become a GPIC/ APCA ambassador in displaced populations."*

In future she hopes to enrol for an MSc in Palliative Care and further undertake research in paediatric palliative care.

Samuel Otieno Oraya



Samuel Otieno Oraya is a dedicated healthcare professional with a strong background in clinical health, public health, and palliative care. He holds a Diploma in Clinical Medicine and Surgery, registered by the Clinical Officers Council of Kenya. Presently, he serves as the HIV/TB Clinical Lead

and Cervical Cancer Point Person at Nazareth Hospital Comprehensive Care Clinic (CCC), where he has over seven years of experience in clinical health, HIV/TB management, and patient-centred care. His contributions have been instrumental in improving patient outcomes, performing cervical cancer screening and management, enhancing gender-based violence identification and management, and spearheading initiatives for palliative care awareness.

In his own words, “Receiving the GPIC/APCA scholarship has been a defining moment in my career, reinforcing my commitment to palliative care and expanding my capacity to provide compassionate, evidence-based services to patients facing life-limiting illnesses. This opportunity has not only deepened my expertise but also strengthened my resolve to drive impact change in the healthcare sector. From the bottom of my heart, I express my appreciation and happiness. Currently, I’m advancing my studies with a Diploma of Higher Education at Oxford Brookes University-Nairobi Hospice.”

Looking ahead, he envisions championing the establishment of a palliative care training centre for long and short courses and a Palliative Care Research Centre at Nazareth Hospital. These initiatives will enhance evidence-based healthcare service delivery, promote knowledge sharing, and foster innovation in patient care. His long-term goal is to be at

the forefront of public health and palliative care, influencing policy and practice to improve healthcare access and quality in Kenya and beyond.

Emmanuel Tumusiime

Emmanuel Tumusiime is a 38-year-old male, a holder of a Bachelor of Science in Human Nutrition and Dietetics (2017) from Kyambogo University, and a Diploma in Clinical Medicine and Community Health (2009) from Mbale School of Clinical Officers. He is currently pursuing a Master of Science in Palliative Care at Makerere University. Emmanuel currently works as a Clinical Nutritionist employed by the army – the Uganda People’s Defence Forces (UPDF) at General Military Hospital Bombo, and is therefore a trained and serving UPDF officer.

His role as a Clinical Nutritionist broadly involves providing specialised nutritional guidance to enhance health, performance and recovery of military personnel but in addition to this nutrition role, he offers general clinical services. He hopes to apply this knowledge to improve end-of-life care within the UPDF, focusing on training, research and policy development to ensure compassionate and holistic care for soldiers in need. He also intends to enhance his research skills in palliative medicine beyond master’s level if the opportunity arises.

THESE INITIATIVES WILL ENHANCE EVIDENCE-BASED HEALTHCARE SERVICE DELIVERY, PROMOTE KNOWLEDGE SHARING, AND FOSTER INNOVATION IN PATIENT CARE.



Ms Lauren Johns during a home visit in Jinja, Uganda



Ms Lauren Johns interacts with the Game Changers women's group at St Francis Nsamba Hospital. The group aims to leverage women's lived experience for cervical cancer screening and treatment to advocate for increase uptake for screening within their social networks.



Students at Hospice Africa Uganda from several African countries with APCA Executive Director during a visit to APCA

6.2.The Student Internship Programme

APCA hosts local and international interns who pursue projects in the fields of research, policy and advocacy. The programme is run in partnership with Global Partners in Care.

During this reporting period, APCA hosted a Master of Science in Global Health intern, Ms Lauren Johns from the University of Notre Dame, whose research focus was on Assessing the Perspectives of Palliative Care Providers in Africa When Faced with Gender-Based Violence: A Knowledge, Attitude, Behaviour. The project included an experiential learning component at APCA's members, the Palliative Care Association of Uganda (PCAU), and Rays of Hope Hospice Jinja (RHHJ), allowing the intern to gain deeper contextual understanding and collaborative analysis.

Ultimately, the results will be used to support APCA's advocacy and capacity-building work to combat gender-based violence in palliative care, contributing to a more compassionate, equitable, and responsive palliative care system in Africa. The findings will help identify existing strengths and gaps in provider training, service delivery, and community engagement related to GBV. Additionally, the results are expected to inform the development of targeted interventions, capacity-building programmes, and training curricula to support palliative care providers in addressing GBV effectively.

7 MEDICAL PRODUCTS, VACCINES, AND TECHNOLOGIES (ACCESS TO ESSENTIAL MEDICINES AND TECHNOLOGIES)

Embracing technology to improve access to palliative care: APCA partnered with Leeds University and MRT IT Peaks (Uganda) to develop and roll out a mobile application (Mpalliative) which empowers patients and families to self-report on their symptoms and concerns in their preferred places of care. We started with a pilot study to assess the app's feasibility for remote symptom and outcome monitoring in a refugee settlement in Uganda, with

ongoing scale-up to wider palliative care settings further afield. The Mpalliative app includes content on multi-dimensional symptoms and concerns, and it tracks occurrence of common symptom clusters for highly infectious diseases such as TB and Covid-19. Once the patient or community health worker enters the data, it is transmitted to a clinician's dashboard in real time for action.

WITH THE MPALLIATIVE APP, PATIENTS AND FAMILIES CAN SELF-REPORT SYMPTOMS FROM HOME OR IN THE COMMUNITY. DATA IS SENT INSTANTLY TO CLINICIANS FOR TIMELY CARE.



SECTION C

APCA LEADERSHIP AND GOVERNANCE

8 APCA LEADERSHIP AND GOVERNANCE

8.1. Board of Directors

It was a busy year for the APCA Board of Directors. Besides the obligatory board and committee meetings that were held per mandate, they continued to give organisational oversight and support to senior management, and to engage stakeholders in various ways, e.g. as expert presenters in webinars, and officiating key events.

There was a marked increase in APCA board visibility and recognisability in the palliative care fraternity in Africa and globally.



South Africa's Deputy Minister of Health joins the APCA Board Chair and Executive Director and key stakeholders at the launch of the 20th anniversary commemorations in Cape Town



8.2.Staff

During the year under review, there were no significant changes in our staff complement. We bid farewell to Eugene Rusanganwa, Programmes Officer, after 4 years with APCA during which he was based in Kigali, Rwanda. Eugene also served as the French interpreter in several APCA online activities and will be missed.

Being a conference year, we engaged the services of a conference coordinator, Ms. Emily Kemigisha starting from March and also recruited a Communications and Membership Officer, Samuel Lokiru, to complement the ICT team in January.

Team building activities included an outing to The Great Outdoors just outside Kampala, and end-of-year activities that included a luncheon with gift hampers for all staff. The event was graced by CPA Frederick Kibbedi, our board member based in Kampala. He gave a talk about the importance of a healthy work-life balance, as we crowned the year.



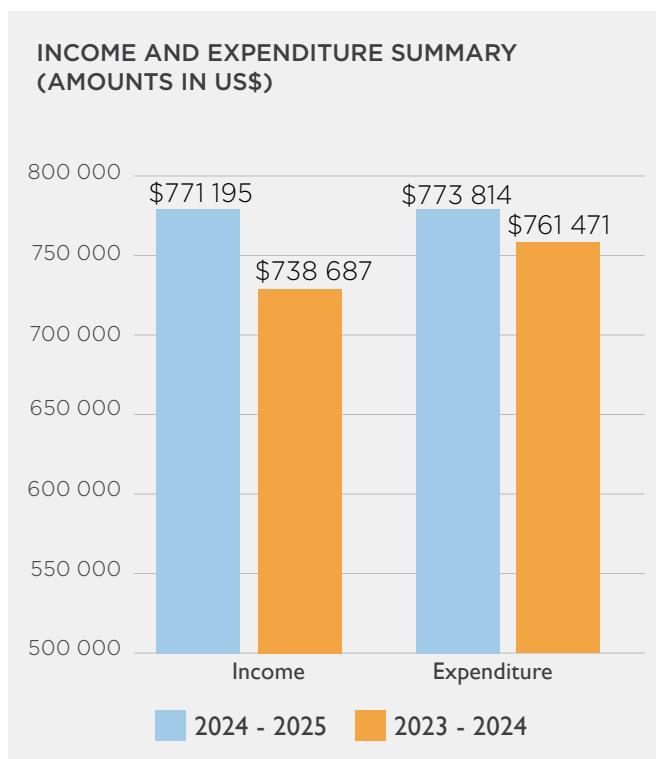
Board member CPA Kibbedi presented on healthy work-life balance at the staff Christmas luncheon

8.3. Financial Overview

Income and Expenditure

Total Income for 2024-2025 was USD 771,195, a 4% increase from USD 738,687 in 2023-2024. 59% was received from foundations and trusts, 37% from other donors, and 5% from general sources such as membership fees, interest income and technical assistance.

Total Expenditure for 2024-2025 was USD 773,814, a 2% increase from USD 761,471 in 2023-2024. 31% was allocated to personnel costs, 7% to administration and capital expenses, and 62% to programme-related activities.



Financial Position

Balance Sheet Extract for the Financial Year 2024-25
(Amounts in US\$)

Assets	2025	2024
Non-Current Assets		
Property and equipment	77,326	85,677
Leasehold Land	59,381	60,866
Total non-current assets	136,707	146,543
Current Assets		
Receivables	74,944	133,044
Cash and Cash Equivalents	331,703	269,729
Total Current Assets	406,647	402,773
Total Assets	543,354	549,316

Funds & Liabilities	2025	2024
Capital fund	136,707	146,543
General fund	125,992	165,530
Restricted fund	265,228	228,309
Total Fund	527,927	540,382
Current liabilities		
Payables	15,427	7,140
Terminal Benefits	-	1,794
Total Liabilities	15,427	8,934
Total Funds and Liabilities	543,354	549,316

Risk Management

The Board and Management team regularly review key strategic, financial, operational, and compliance risks facing the organisation. A robust risk management framework aligned with best practices and regulatory requirements is maintained to support the identification, assessment, and mitigation of risks. The framework also allows APCA to leverage opportunities that strengthen our programmes and operations.

9 APCAS FOCUS FOR THE NEXT FOUR YEARS (2026-2030)

As we forge ahead and in alignment with the APCAs strategic plan, we highlight some of the key focus areas for next year.

1

INTEGRATION OF PALLIATIVE CARE INTO NATIONAL HEALTH SYSTEMS AND UHC FRAMEWORKS

- Embed palliative care within primary, secondary, and tertiary healthcare as part of universal health coverage (UHC).
- Strengthen linkages with disease-specific programmes such as HIV, cancer, NCDs, and mental health.
- Support countries to develop national palliative care policies, strategies, and budgets.

2

ACCESS TO ESSENTIAL MEDICINES, VACCINES, AND TECHNOLOGIES

- Expand availability and rational use of essential palliative care medicines, including oral morphine.
- Scale up HPV vaccination to reduce the cervical cancer burden.
- Advance digital health innovations like mPallCare and the African Palliative Care Atlas.

3

HEALTH WORKFORCE DEVELOPMENT AND MENTORSHIP

- Establish accredited palliative care training programmes for multi-disciplinary teams.
- Expand mentorship schemes for healthcare providers, policy makers, and community health workers.
- Build regional centres of excellence for training, research, and clinical care.

4

EVIDENCE GENERATION AND RESEARCH FOR POLICY INFLUENCE

- Lead multi-country studies on palliative care impact, financing, and integration.
- Prioritise research in paediatric palliative care, end-of-life care in hospitals, and GBV in cancer care.
- Translate research into policy briefs for national and regional advocacy.

5

SUSTAINABLE FINANCING AND STRATEGIC PARTNERSHIPS

- Mobilise domestic, donor, and private sector funding for palliative care.
- Advocate for palliative care inclusion in global and regional health funding mechanisms.
- Build multi-sectoral partnerships to address social determinants of health and community.

DONOR APPRECIATION



We extend our deepest appreciation to all the donors that have believed in our mission thus far., whose dedication and generosity have been the driving force behind all our impact and has enabled us to improve the lives of people living with life threatening illnesses on the continent.

We appreciate the following donors:

- American Cancer Society
- Global Partners in Care
- Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC)
- Irish Hospice Foundation
- King's College London
- Rand Corporation
- Open Society - Africa
- The True Colours Trust
- United Nations Office on Drugs and Crime, with support from the Government of the Kingdom of Belgium
- Union for International cancer control
- University of Birmingham
- University of Leeds
- Veta Bailey Charitable Trust
- Other individual and institutional donors

MAKE A DONATION

We value partnerships and support that can propel the development of palliative and comprehensive chronic care to shape future endeavours and ensure that our collective efforts create a better life for all people living with life threatening illnesses in Africa.

Donations made to APCA are used in a transparent, accountable, and efficient way.

IF YOU WISH TO SUPPORT APCA FINANCIALLY, PLEASE VISIT THE APCA WEBSITE AND FOLLOW THE 'DONATE' TAB, OR CONTACT US ON INFO@AFRICANPALLIATIVECARE.ORG



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NGO Registration Number 4231

